

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 190  
Registered No. 80

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Oscar Hernandez { If child is not yet named, make supplemental report, as directed }

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Nov 22 1922  
Month Day Year

8. FATHER Full name Alfred D. Hernandez

9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Tucson  
(State or country) Ariz

13. Occupation Farmer  
Nature of industry

14. MOTHER Full maiden name Mary E Guerra

15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Mammoth  
(State or country) Arizona

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles H. Hueston (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Arizona  
Month, day, year

Filed Nov 24, 1922 Registrar EST. J. J. J.

689-1122-471